

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Management &amp; Training Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

BOB CASEY FOR SENATE INC

Mailing Address 607 14TH STREET NW SUITE 800

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
ContributionCandidate Name  
BOB CASEY FOR SENATE INCCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.6036

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	9

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address PO Box 12612

City  
San AntonioState  
TXZip Code  
78212Purpose of Disbursement  
ContributionCandidate Name  
CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGNCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: SB23.6049

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	9

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

CITIZENS FOR HARKIN

Mailing Address P O BOX 811

City  
DES MOINESState  
IAZip Code  
50304Purpose of Disbursement  
ContributionCandidate Name  
CITIZENS FOR HARKINCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 00

Transaction ID: SB23.6051

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....